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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
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Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).	
PATENT NUMBER	APPLICATION NUMBER
(if known)	
	10/653,227
Completed by (check one):	
Applicant/Inventor	/D 5 1 1/-
	/Brian E. Ledell/ Signature
<u> </u>	
Attorney or Agent of record 42,784 (Reg. No.)	Brian E. Ledell Typed or printed name
(Reg. No.)	Typed of printed frame
Assignee of record of the entire interest. See 37 CFR	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Requester's telephone number
Assignee recorded at Reel Frame	August 25, 2006
	Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below."	
* Total of 1 forms are submitted.	

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is powered by 35 U.S. C. 122 and 37 CFR 1.11 and 14.1 his collection is estimated to late is instituted to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androis orgagestors for reducing this burden, should be sent to the Chief Information CVI. SP Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2231-4450, DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mild Stop M Correspondence, Commissioner for Patients, P.O. Box 1450, Dox 1450, IAV 2231-341-361, VA 2231-341-361.

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